

The American Library
U.S. Consulate
Gemini Circle, Chennai 600 006

Application form For Institutional Membership

Please Write in Block Letters

Institution: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Nature of Activities: _____

Subjects of Interest: _____

Head of the Organization: _____

Name of Contact Person: _____ Designation: _____

We hereby apply for membership in the American Information Resource Center, Chennai and agree to comply with the rules.

Signature: _____

Date: _____

Name & Designation: _____

Official Seal

For AIRC, Chennai Use only:

Barcode Nos: _____

Valid Until: _____